

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
PG3565USWFirst Names Inventor:  
**CARR**Complete if known:  
App No.:

09/806,840

Filing Date

Group Art Unit:

( ) Declaration submitted with initial filing or

(x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

**23347**

PATENT TRADEMARK OFFICE

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL CONSTRUCTS**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ X ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number GB99/03286 ✓ filed 10/05/1999 ✓ and was amended on (MM/DD/YYYY)  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. GB9821655.9 ✓	GB ✓	10/05/1998 ✓	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
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<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PG3565USW</b>																														
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<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">David J. Levy</td> <td style="width: 25%;">Reg. No. 27,655</td> <td style="width: 25%;">James P. Riek</td> <td style="width: 25%;">Reg. No. 39,009</td> <td style="width: 20%;">Bonnie L. Deppenbrock</td> <td style="width: 20%;">Reg. No. 28,209</td> </tr> <tr> <td>Charles E. Dadswell</td> <td>Reg. No. 35,851</td> <td>Virginia C. Bennett</td> <td>Reg. No. 37,092</td> <td>John L. Lemanowicz</td> <td>Reg. No. 37,380</td> </tr> <tr> <td>Karen L. Prus</td> <td>Reg. No. 39,337</td> <td>Frank P. Grassler</td> <td>Reg. No. 31,164</td> <td>Amy H. Fix</td> <td>Reg. No. 42,616</td> </tr> <tr> <td>Robert H. Brink</td> <td>Reg. No. 36,094</td> <td>Christopher P. Rogers</td> <td>Reg. No. 36,334</td> <td></td> <td></td> </tr> <tr> <td>Elizabeth Selby</td> <td>Reg. No. 38,298</td> <td>Lorie Ann Morgan</td> <td>Reg. No. 38,181</td> <td></td> <td></td> </tr> </table>					David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209	Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380	Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616	Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334			Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		
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Send Correspondence to: David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline, Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709			Direct Telephone Calls to:  Frank P. Grassler 919-483-2482																															
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Stevenage		Hertfordshire, GB		GB																														
GlaxoSmithKline Five Moore Drive, PO Box 13398		Research Triangle Park		NC 27709 US																														
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	INVENTOR'S SIGNATURE	GEHANNE	Sylvie	DATE:																														
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Cambridge		GB		FR																														
GlaxoSmithKline Five Moore Drive, PO Box 13398		Research Triangle Park		NC 27709 US																														

## DECLARATION FOR "371" APPLICATION

20040527	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE			DATE:
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			McKEOWN	Stephen	Carl
			Stevenage	Hertfordshire, GB	GB
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
20040527	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	5	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			MURRAY	Peter	John
			Birmingham	GB	GB
			GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
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		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			PAIO	Alfredo	
			Verona	IT	IT
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
20040527	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE			DATE:
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			SCICINSKI	Jan	Josef
					11 June 2001
			Cambridge	GB	GB
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
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		INVENTOR'S SIGNATURE			DATE:
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	8	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			WATSON	Stephen	Paul
			Stevenage	Hertfordshire, GB	GB
			GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
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	9	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			WILLIAMS	Geoffrey	Martyn
			Cambridge	GB	NZ
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
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	10	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			ZARAMELLA	Alessio	
			Verona	IT	IT
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US

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Application Number GB99/03286 filed 10/05/1999 and was amended on (MM/DD/YYYY)  
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1. GB9821655.9	GB	10/05/1998	x
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4.			
5.			

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Application No.	Filing Date (MM/DD/YYYY)
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3.	
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**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER  
**PG3565USW**

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**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655  
 Charles E. Dadswell Reg. No. 35,851  
 Karen L. Prus Reg. No. 39,337  
 Robert H. Brink Reg. No. 36,094  
 Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009  
 Virginia C. Bennett Reg. No. 37,092  
 Frank P. Grassler Reg. No. 31,164  
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 Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209  
 John L. Lemanowicz Reg. No. 37,380  
 Amy H. Fix Reg. No. 42,616

**Sent Correspondence to:**

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709

**Direct Telephone Calls to:**

Frank P. Grassler  
919-483-2482

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2-30	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CARR	Robin	Arthur Ellis
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2-30	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GEHANNE	Sylvie	DATE: 11th June 2001
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2-30	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAY	Corinne	DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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## DECLARATION FOR "371" APPLICATION

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	McKEOWN	Stephen	Carl
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Stevenage	Hertfordshire, GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MURRAY	Peter	John
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Birmingham GBX	GB	GB
		GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PAIO	Alfredo	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Verona	IT	IT
		GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
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	INVENTOR'S SIGNATURE	WILLIAMS	Geoffrey	Martyn
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		GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
2 0 10	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ZARAMELLA	Alessio	
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		Verona	IT	IT
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## DECLARATION FOR "371" APPLICATION

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	POST OFFICE ADDRESS	STEVENAGE	Hertfordshire, GB	GB
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GEHANNE	Sylvie	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Verona	IT	FR
3-00	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAY	Corinne	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Cambridge GBX	GB	FR
3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US



## DECLARATION FOR "371" APPLICATION

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>McKEOWN</b>	FIRST GIVEN NAME <b>Stephen</b>	SECOND GIVEN NAME/INITIAL <b>Carl</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>MURRAY</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL <b>John</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Birmingham</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
6-00 0	FULL NAME OF INVENTOR	FAMILY NAME <b>PAIO</b>	FIRST GIVEN NAME <b>Alfredo</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<i>Alfredo Pao</i>		DATE: <i>11th June 2001</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Verona</b>	STATE OR FOREIGN COUNTRY <b>IT</b>	COUNTRY OF CITIZENSHIP <b>IT</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
8	FULL NAME OF INVENTOR	FAMILY NAME <b>SCICINSKI</b>	FIRST GIVEN NAME <b>Jan</b>	SECOND GIVEN NAME/INITIAL <b>Josef</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Cambridge</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>WATSON</b>	FIRST GIVEN NAME <b>Stephen</b>	SECOND GIVEN NAME/INITIAL <b>Paul</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  10	FULL NAME OF INVENTOR	FAMILY NAME <b>WILLIAMS</b>	FIRST GIVEN NAME <b>Geoffrey</b>	SECOND GIVEN NAME/INITIAL <b>Martyn</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Cambridge</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>NZ</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  10	FULL NAME OF INVENTOR	FAMILY NAME <b>ZARAMELLA</b>	FIRST GIVEN NAME <b>Alessio</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<i>Alessio Zaramella</i>		DATE: <i>18th June 2001</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Verona</b>	STATE OR FOREIGN COUNTRY <b>IT</b>	COUNTRY OF CITIZENSHIP <b>IT</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**



**23347**

PATENT TRADEMARK OFFICE

( ) Declaration submitted with initial filing or

( x ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET  
PG3565USW

First Names Inventor:  
**CARR**

Complete if known:  
App No.:

09/806,840

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL CONSTRUCTS**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ X ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number GB99/03286 filed 10/05/1999 and was amended on (MM/DD/YYYY)  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. GB9821655.9 ✓	GB ✓	10/05/1998 ✓	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
2.	
3.	
4.	
5.	

# **COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PG3565USW**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## **PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655  
Charles E. Dadswell Reg. No. 35,851  
Karen L. Prus Reg. No. 39,337  
Robert H. Brink Reg. No. 36,094  
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009  
Virginia C. Bennett Reg. No. 37,092  
Frank P. Grassler Reg. No. 31,164  
Christopher P. Rogers Reg. No. 36,334  
Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209  
John L. Lemanowicz Reg. No. 37,380  
Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709

Direct Telephone Calls to:

Frank P. Grassler  
919-483-2482

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE		Robin	Arthur Ellis
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE		Sylvie	DATE:
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE		Corinne	DATE:
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

## DECLARATION FOR "371" APPLICATION

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME <b>McKEOWN</b>	FIRST GIVEN NAME <b>Stephen</b>	SECOND GIVEN NAME/INITIAL <b>Carl</b>
	INVENTOR'S SIGNATURE	<i>S. McKeown</i>		DATE: <b>13/6/01</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b> <i>GBX</i>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME <b>MURRAY</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL <b>John</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Birmingham</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0	FULL NAME OF INVENTOR	FAMILY NAME <b>PAIO</b>	FIRST GIVEN NAME <b>Alfredo</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Verona</b>	STATE OR FOREIGN COUNTRY <b>IT</b>	COUNTRY OF CITIZENSHIP <b>IT</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0	FULL NAME OF INVENTOR	FAMILY NAME <b>SCICINSKI</b>	FIRST GIVEN NAME <b>Jan</b>	SECOND GIVEN NAME/INITIAL <b>Josef</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Cambridge</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME <b>WATSON</b>	FIRST GIVEN NAME <b>Stephen</b>	SECOND GIVEN NAME/INITIAL <b>Paul</b>
	INVENTOR'S SIGNATURE	<i>S. Watson</i>		DATE: <b>15/06/01</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b> <i>GBX</i>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b> ✓
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME <b>WILLIAMS</b>	FIRST GIVEN NAME <b>Geoffrey</b>	SECOND GIVEN NAME/INITIAL <b>Martyn</b>
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Cambridge</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>NZ</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0 10	FULL NAME OF INVENTOR	FAMILY NAME <b>ZARAMELLA</b>	FIRST GIVEN NAME <b>Alessio</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY <b>Verona</b>	STATE OR FOREIGN COUNTRY <b>IT</b>	COUNTRY OF CITIZENSHIP <b>IT</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>